

many of the provisions in the bill I am introducing with my colleague, the ranking member of the Health Subcommittee of the Committee on Veterans' Affairs, Mr. RODRIGUEZ, are supported by the administration and have been offered to us previously in its request for draft legislation. Specifically, sections 2 through 6 of this bill are found in the draft bill, Omnibus Veterans Health Care and Benefits Act of 2003 requested by Secretary Principi on August 15, 2003.

Other provisions of this bill extend authorities or reports which already exist in law, but which are expiring. I believe it is critical that some of these activities continue to be mandated and carefully overseen by Congress.

VA has asked for the authority to provide up to 14 days of care to the newborn infants of women veterans. This allows VA to provide a more complete spectrum of care to women—particularly the younger women who are now serving in the military in record numbers. VA may, under current law, offer all maternity care, including labor, delivery and recovery, but once the infant is born, VA is forced to find other payers—often Medicaid if the mother has no other health care benefits—to finance the care of the child. The cost of providing this benefit to the newborn infants of women veterans is negligible.

VA has also asked for authority to provide certain rehabilitative services under its medical care authority. A vital part of therapy for many of VA's homeless, psychiatric, and substance use disorder recovery programs is the vocational activity. Successfully engaging in productive activity is viewed as a critical part of therapy and integral to complete rehabilitation. Although VA does offer a range of training programs, often VA must shuttle veterans between programs to meet all the veterans' needs. This makes case management difficult. Instead of allowing one person to work through job training, placement and support, veterans could be forced to work through several agencies and multiple points-of-contact adding complexity and confusion when veterans are already at a vulnerable turning point in their rehabilitation. This provision allows VA medical personnel to provide continuous care throughout vocational training.

Last year the clock ran out on special health care eligibility for herbicide-exposed veterans of the Vietnam-era and also for our Persian Gulf veterans. I spent much of my early tenure here fighting for compensation for veterans who believed their illnesses were associated with exposure to Agent Orange and other herbicides. Learning from that experience, Congress gave veterans who served in the first Gulf war more of the benefit of the doubt by allowing them to be compensated for vaguely defined conditions and illnesses that are not generally related to military service, but for which they seem to be at high risk. There seems to be a pretty serious schism between what we are doing to compensate veterans and the provision of care for conditions which they believe may be associated to their service. Without this special priority, some veterans who have not previously sought VA health care, may never be able to receive it. VA wants to continue to offer priority specialized treatment to veterans in these special priorities, and I fully support them in this effort.

VA would also like to require veterans to provide information from their health insurers. Too often these private-sector payers are rak-

ing in the cost-sharing from veterans or their spouses without paying toward their VA treatment. Veterans should be willing to share this information if they are receiving care at VA facilities and their health plans should be willing to reimburse VA as the veterans' provider-of-choice. It is only fair to ask veterans to offer this information as VA continues to mull tough choices of limiting services and those it will serve.

Finally, VA also requested permission to extend its authority to provide acquired properties to homeless service providers. These partners can purchase VA-acquired properties at discounts ranging from 20 to 50 percent. Through fiscal year 2002, 188 properties have been sold to homeless providers under the program, including two that were sold to a VA medical center for the compensated work therapy program. The shelters established in these properties have provided approximately 372,000 nights of shelter to homeless veterans. The VA has also entered into 52 leases with homeless providers. Most of these were subsequently converted into sales to homeless providers. I hope that we can support VA's efforts to continue to offer these properties to homeless providers.

In addition to the VA-requested provisions, I am proposing several extensions of reports and additional authorities that I strongly believe we must continue. Congress created two advisory committees—one that advises the Under Secretary on Health exclusively about Post-Traumatic Stress Disorder and one that makes recommendations for a variety of programs serving Severely Mentally Ill veterans. We have relied on the reports of these Committees to ensure Congress that these mental health programs are receiving adequate attention as VA continues to reform its health care delivery. It has become clear that since 1996, and likely before, VA has continued to pare back the resources it commits to its mental health programs. Congress is still awaiting the report due last Spring that demonstrates VA's maintenance of these programs' capacity in fiscal year 2002. These Committees serve as much needed internal spokespeople and advocates for their programs and are particularly vital in more fiscally constrained times. I am hopeful that my colleagues will agree that we continue to require the oversight of these internal watchdogs.

In addition to extending these reporting requirements, I would like to see Congress committed to allowing Vietnam-era veterans to continue to seek readjustment counseling at Vet Centers. As a Vietnam-era veteran myself, I have seen too many of my peers have significantly delayed reactions to the traumatic events of long ago. Many World War II veterans continue to struggle with the past we might have suspected they left long ago—look at how many veterans from that war had strong emotional reactions to Saving Private Ryan. As we all recall, there were unique challenges to returning home from service during the Vietnam War—a war that did not enjoy public support. While we've learned from this experience to "love the warrior, if not the war" I would like to ensure that Vet Centers remain accessible to Vietnam-era veterans who had unique adjustment challenges upon their return to service.

Finally, my bill would eliminate the sunset of authority for VA's sexual trauma counseling program currently set to expire December 31,

2004. Surveys from a few years ago continued to demonstrate that women in the Armed Services are at a high risk for sexual harassment and, even sexual assault. Sadly, it is apparent that sexual trauma will continue occurring in military service and elsewhere. VA has served as a valuable outlet to women who have believed the military and the government had otherwise abandoned them. We must ensure that VA's programs continue to exist to serve for the indefinite future.

Mr. Speaker, this bill supports proven programs that are already offering invaluable assistance to the veterans that are able to avail themselves of them. I want veterans to continue to be able to rely upon them.

REPUDIATING ANTI-SEMITIC SENTIMENTS EXPRESSED BY DR. MAHATHIR MOHAMAD, OUTGOING PRIME MINISTER OF MALAYSIA

SPEECH OF

HON. FRANK PALLONE, JR.

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 28, 2003

Mr. PALLONE. Madam Speaker, I rise today in support of H. Res. 409 that condemns recent anti-Semitic remarks by the Prime Minister Dr. Mahathir Mohamad of Malaysia.

Unfortunately, rather than openly condemn the Prime Minister for his remarks, many in the global community have remained largely silent on this issue. By not taking a stand against hateful speech, the international community is showing that it is okay for world leaders to promote bigotry and violence. By not taking a stand, members of the European Union and other world leaders are showing that other acts of hate speech will be allowed to continue without consequence.

That is why it is critical that Congress takes a stand and denounces these remarks and I urge my colleagues to support this resolution. It is important that we go on record to show that this type of hatred and bigotry is unacceptable—especially by world leaders who are expected to set an example for their people.

By allowing these hateful remarks to go unacknowledged, that makes it that much more difficult to bring opposing sides together in the Middle East and puts us that much further from an eventual peace agreement.

Madam Speaker, I urge my colleagues to support H. Res. 409.

HONORING DR. JOHN ATANASOFF ON THE ONE HUNDREDTH ANNIVERSARY OF HIS BIRTH

HON. TOM LATHAM

OF IOWA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 29, 2003

Mr. LATHAM. Mr. Speaker, on October 30, 31 and November 1, 2003, Iowa State University in Ames, Iowa, will hold a landmark event that will be the Nation's tribute to the late John Vincent Atanasoff's 100th birthday (October 4, 2003). Dr. Atanasoff, along with electrical engineering graduate student, Clifford Berry, developed the world's first electronic digital computer from 1939 to 1942 while serving as a

physics and mathematics professor at Iowa State University. Known as the Atanasoff-Berry Computer, the invention was Atanasoff's solution to finding a better, more efficient way for his students to learn. It was the principles of his invention that changed the face of technology forever.

The university is organizing the International Symposium on Modern Computing, October 30–November 1 in celebration of his life's accomplishments. Leaders in the computing field, internationally renowned academic researchers, and college and university students from across the Nation will come together to discuss the newest technologies and research that have the potential to change the world as dramatically as did the principles that Dr. Atanasoff's invention established. Dr. Atanasoff is a recipient of the Nation's highest award for innovation, the National Medal of Technology, which was presented to him by President George Bush in 1990. Dr. Atanasoff died in 1995.

PERSONAL EXPLANATION

HON. MAX BURNS

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 29, 2003

Mr. BURNS. Mr. Speaker, I rise today to provide an explanation for my absence during votes yesterday evening.

During yesterday's votes, I was traveling back to Washington from a Congressional Delegation trip to Iraq. I appreciate the opportunity to visit our troops serving overseas and to witness firsthand the situation in Iraq. Our delegation arrived into the Washington area after votes had concluded.

FREEDOM FOR DR. MARCELO CANO RODRÍGUEZ

HON. LINCOLN DIAZ-BALART

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 29, 2003

Mr. LINCOLN DIAZ-BALART of Florida. Mr. Speaker, I rise to speak about Dr. Marcelo Cano Rodríguez, a prisoner of conscience in totalitarian Cuba.

Dr. Cano Rodríguez is a Medical Doctor. As a physician, he has chosen to devote his life and his abilities to healing the sick, mending the lame, and easing the suffering of his patients. However, as Dr. Cano Rodríguez quickly learned, easing the suffering of the Cuban people is not a goal of Castro's dictatorship.

The longer Dr. Cano Rodríguez worked within the totalitarian healthcare system, the more he noticed medical resources being taken from the Cuban people and redirected towards tourists who could pay with hard foreign currency. Dr. Cano Rodríguez, no longer able to work within a system that abandons citizens in favor of tourists, became the National Coordinator for the Cuban Independent Medical Association.

The Cuban Independent Medical Association is comprised of physicians who joined forces to set up independent clinics where equipment and drugs prescribed by doctors are distributed without charge. As Dr. Cano

Rodríguez searched for ways to make his group more effective, he approached the Cuban Commission for Human Rights and National Reconciliation for guidance. After learning of the Commission's professed goal of basic human rights, he became an important member of that group.

Unfortunately for Dr. Cano Rodríguez, his being associated with two groups who profess to work to provide the Cuban people with their basic rights and their basic medicine proved to be too much for Castro and his machinery of repression. On March 25, 2003, Dr. Cano Rodríguez was arrested in Las Tunas. The "illegal" activities cited by Castro's puppet prosecutor in the sham trial were that he visited prisoners as part of his work with the Cuban Commission for Human Rights and National Reconciliation and that he maintained ties to Doctors Without Borders. Dr. Cano Rodríguez was sentenced to 18 years in Castro's dungeons.

Mr. Speaker, I want to repeat that, Dr. Cano Rodríguez was sentenced to 18 years in Castro's gulag for visiting prisoners and maintaining ties to Doctors Without Borders.

My colleagues, every one of us should be totally appalled that a physician who attempts to aid the oppressed and heal the sick is languishing in a dungeon for his merciful actions. My colleagues, we must demand immediate freedom for Dr. Marcelo Cano Rodríguez.

HONORING ALEX SPANOS

HON. JOHN T. DOOLITTLE

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 29, 2003

Mr. DOOLITTLE. Mr. Speaker, today I wish to congratulate my friend, Alex Spanos, as he will soon receive the STARBRIGHT Foundation's Heart of Gold Award for his selfless efforts on behalf of children with serious illnesses and their families, and for his extensive contributions to all children and youth.

Alexander Gus Spanos was born to loving parents in 1923 in Stockton, California. In 1942, he rendered service to his country by joining the Air Army. Six years later, he wed his life-long sweetheart, Faye Papfaklis.

In 1951, Alex quit his job at the family bakery, secured an \$800 loan and bought a panel truck to start his own company, the A.G. Spanos Agricultural Catering. Soon, this new venture became the largest catering business of farm laborers in the United States. Alex began investing in real estate and, by 1956, he had become a millionaire. This allowed him to semi-retire and take on golf, in which he became a pro amateur within six years.

When changing farm labor regulations signaled the end of his catering business, Alex launched A.G. Spanos Construction. After building his first apartment complex in Stockton, California, in 1960, Alex expanded the company into neighboring states and across the southwestern and southern states. By 1977, his firm was the number one builder of apartments in the nation.

His family of businesses now includes: A.G. Spanos Construction, A.G. Spanos Development, Inc., A.G. Spanos Management, Inc., A.G. Spanos Enterprises, Inc., The Spanos Corporation, AGS Financial Corporation, A.G. Spanos Realty, Inc., A.G. Spanos Securities,

and A. G. Spanos Ventures. He also owns the Spanos Jet Center and the National Football League's San Diego Chargers.

Mr. Speaker, not only is Alex Spanos a successful businessman, but he is also a successful human being. His family has always taken center stage in his life. He and Faye enjoy the time they share with their four children and 15 grandchildren. It is telling that his companies continue to be family owned and operated, as he has shared management responsibilities with his sons, Dean and Michael.

A noted philanthropist, he has reached out to those in need and given of his resources to help whenever and wherever he could. Over the years, he has contributed to his own community and to causes around the world by donating millions of dollars to charities, churches, hospitals, educational institutions, and civic and athletic organizations.

It is fair to say that Alex G. Spanos' outlook on life is best reflected in the title of his new book, *Sharing the Wealth*. The communities and individuals he has touched throughout his life would attest to that.

Mr. Speaker, it gives me great pleasure to commend this distinguished citizen for his countless acts of service to his community, California, and the country.

EXPRESSING GRATITUDE TO MEMBERS OF U.S. ARMED FORCES DEPLOYED IN OPERATION RESTORE HOPE IN SOMALIA IN 1993

SPEECH OF

HON. SHEILA JACKSON-LEE

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 28, 2003

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise in support of H. Con. Res. 291 to offer my gratitude, for myself and on behalf of the constituents of the 18th Congressional District, to the soldiers who fell and who served our country in "Operation Restore Hope."

"Operation Restore Hope" was a 1993 United Nations peacekeeping venture to restore order in the East African country of Somalia, characterized by its nomadic society. The Operation was launched with guarded optimism but went tragically awry on Oct. 3, 1993 when 18 U.S. soldiers were killed in a firefight with Somali gunmen. A decade later, the Bush Administration now contemplates taking military action against alleged terrorist groups in Somalia who might have been responsible for the tragedy.

Man-made famine prompted the massive foreign intervention in Somalia. This famine was caused by a drought made murderous by a civil war that sent gunmen across the country's most fertile agricultural areas. At the famine's peak, more than 300 people starved to death each day in hard-hit towns like Baidoa and Baardheere because militia fighters first disrupted the lives of herdsman and farmers, then stole the food aid sent to relieve their suffering. Throughout the worst of the crisis, gun-toting young militiamen looted most of the relief food as spoils of war or blocked its entry into the country through port cities by demanding extortionate amounts from aid ships waiting to dock. In order to break the famine in Somalia, we had to break the stranglehold of the gunmen and allow aid to flow unimpeded.